

Name
in
Full

Mrs

Bond

†

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lanier* TownCounty *Stromo*Date of death *1908 Oct* MonthDay *25*Age *77* Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Hagerstown*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Mr Bond*Father's Name *Not Known*Father's Birthplace *Hagerstown*Mother's Maiden Name *Not Known*Mother's Birthplace *Hagerstown*Name of person giving
Information *W & Ruder*How related
to deceased *Son*

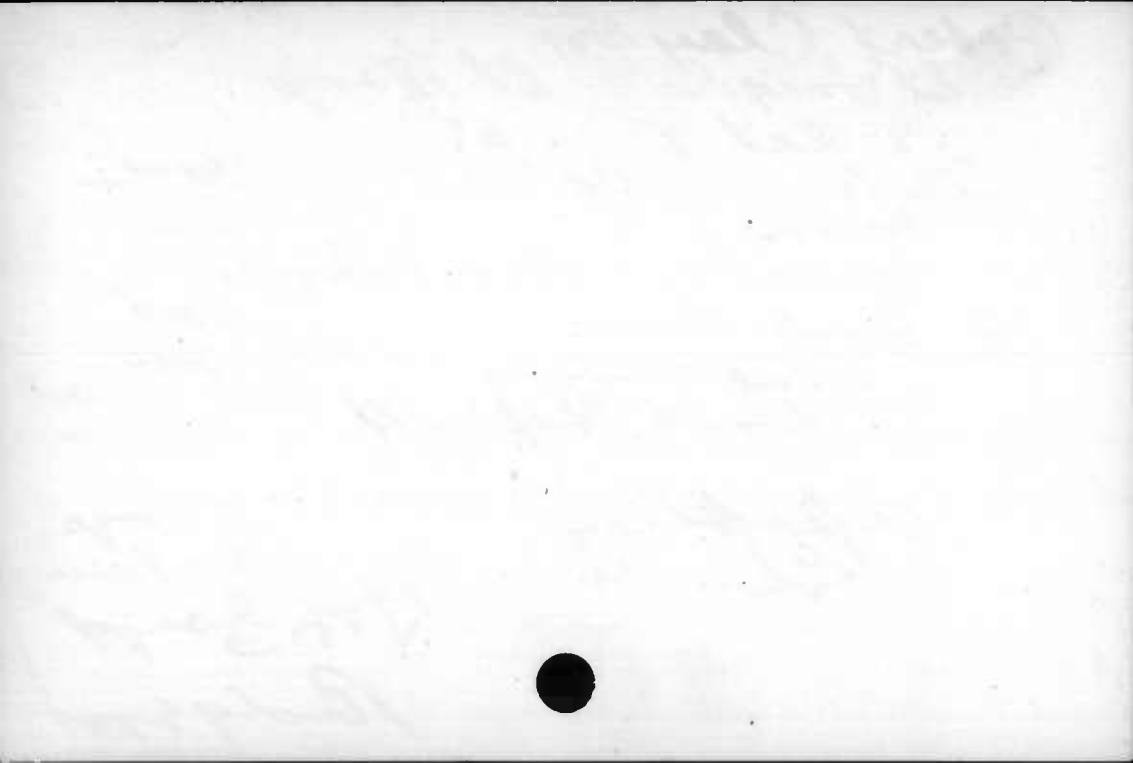
CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage*How long *8 months*Immediate *Softening of Brain*How long *2 "*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of Physician *Thos Lough*

Address

Accident or Suicide?



Name
in
Full

Robert Clayton

+

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St Inigors* ^{Town} *St Marys* ^{St Marys} **MARYLAND**

Date of death **1908** ^{Month} *Oct* ^{Day} *1* ^{Years} *68* ^{Months} *0* ^{Days} *0*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Forner* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Clayton*

Father's Name *Dont Know* Father's Birthplace *Md*

Mother's Maiden Name *Dont Know* Mother's Birthplace *Md*

Name of person giving information *Sarah Hopewell* How related to deceased *64*

CAUSES OF DEATH

Primary

apoplexy
Emorrich

How long

3 days

Immediate

How long

24 hours

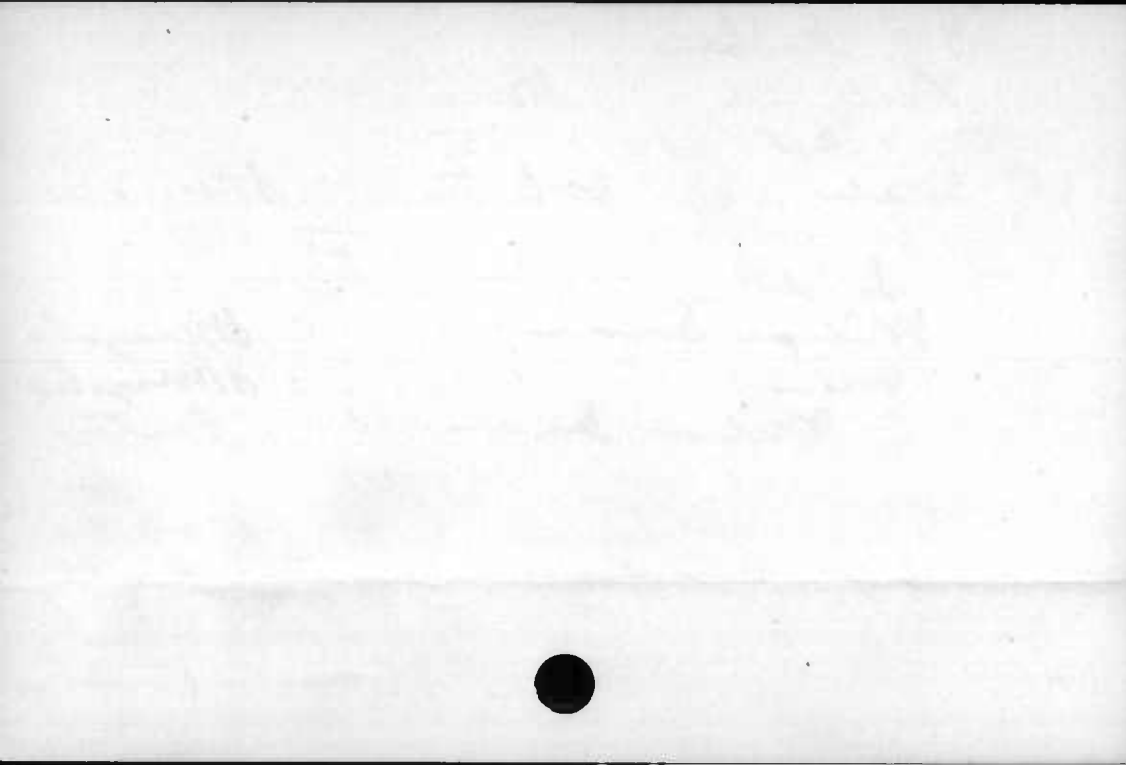
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*P. H. Long**Ridgely*

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

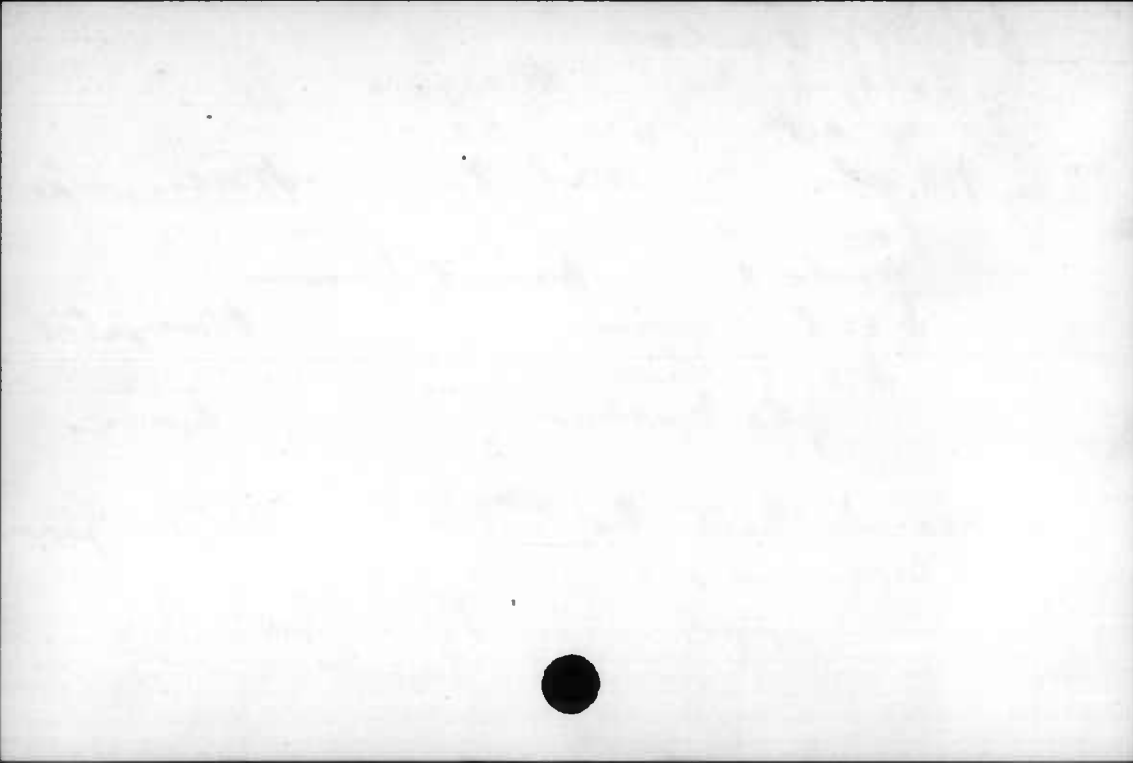
Died at <i>Hollywood</i> Town		<i>Stennis</i> County		MARYLAND	
Date of death <i>1908 Oct</i>	Month	Day <i>14</i>	Age <i>5</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Stennis Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Dean</i>		Father's Birthplace <i>Stennis Co</i>			
Mother's Maiden Name <i>Mrs</i>		Mother's Birthplace <i>Stennis Co</i>			
Name of person giving information <i>William Dean</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 weeks</i>
Immediate <i>Enteric Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. L. Smith</i>
	Address <i>Leonardtown</i>
Accident or Suicide? <i>—</i>	



Name
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Unknown. believed to be Bob Duster
a cook on ship *St. Mary's*

CERTIFICATE OF DEATH

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NEAREST FRIEND

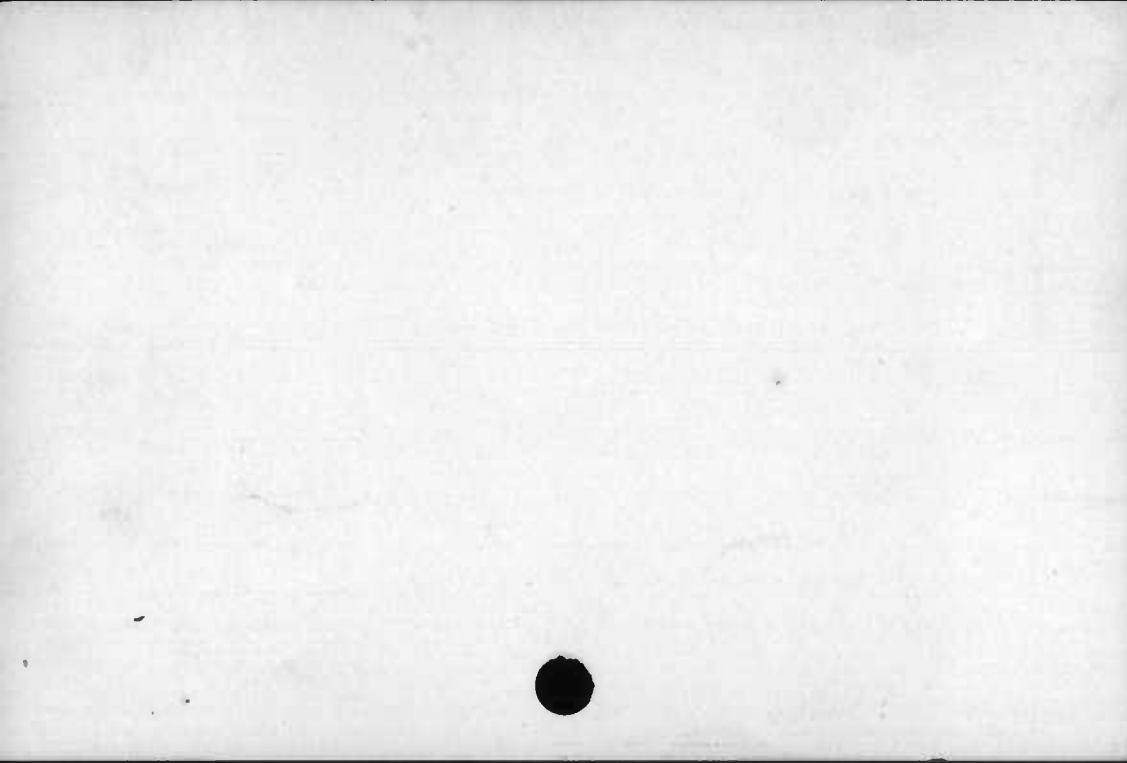
Died at <i>Point No Point</i>		<i>St. Mary's</i> County		<i>P. Smith</i> MARYLAND	
Date of death	1908	Month	Oct	Day	31
Sex		Color or Race		Birth-place	
<i>Male</i>		<i>White</i>			
Occupation		Where Residing if not at place of death			
<i>Oysterman</i>		<i>Baltimore Ind</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of <i>Laurine D. Ashton</i>	
Address <i>acting Coroner</i>	
Accident or Suicide? <i>accident</i>	
<i>Hooperville Md</i>	



Name
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John W Gattson

CERTIFICATE OF DEATH

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NEAREST FRIEND

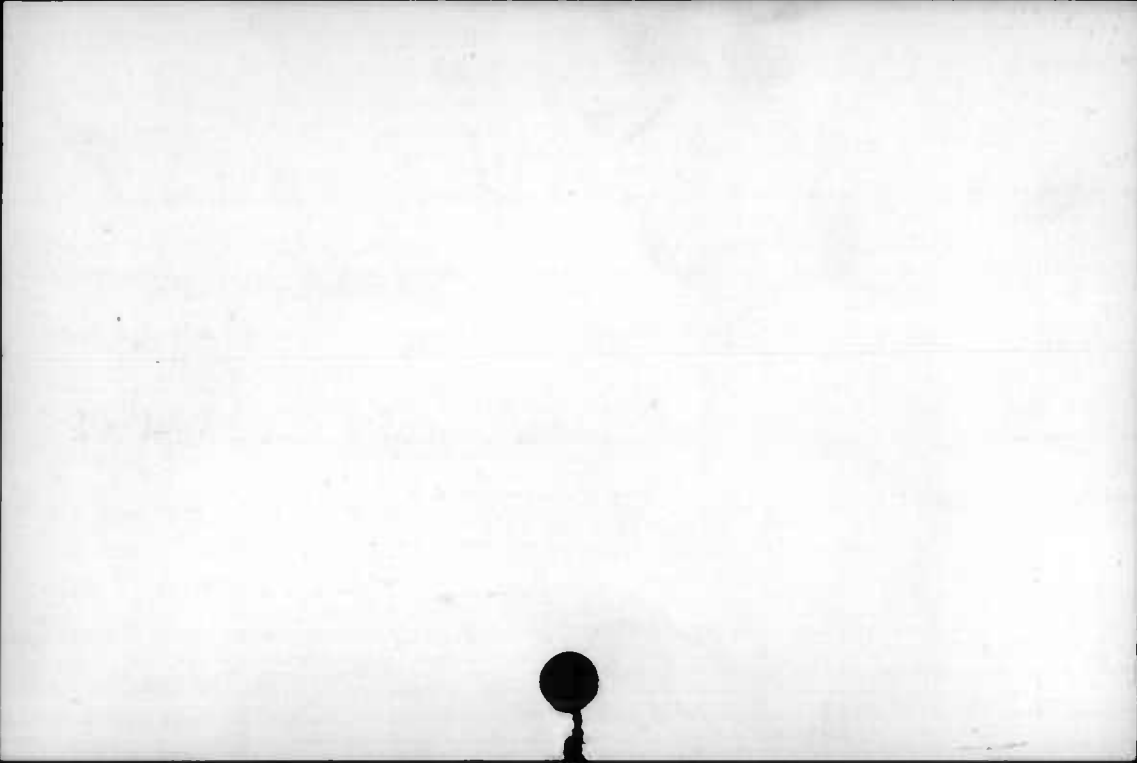
Died at <i>Hollywood</i> Town		<i>Hennepin</i> County		MARYLAND	
Date of death	1908	Month	Oct	Day	16
Age		72		Months	
Sex	Male	Color or Race	White	Birth-place	Hennepin
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Do not know		
Father's Name	Do not know		Father's Birthplace	Hennepin	
Mother's Maiden Name	Do not know		Mother's Birthplace	Hennepin	
Name of person giving information	J W Gattson		How related to deceased	Son	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastric Enteritis</i>	How long	<i>About a year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos L. Lunde</i>
		Address	<i>Lincoln</i>
Accident or Suicide?			



Name
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Charles J. & Gordon

CERTIFICATE OF DEATH

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NEAREST FRIEND

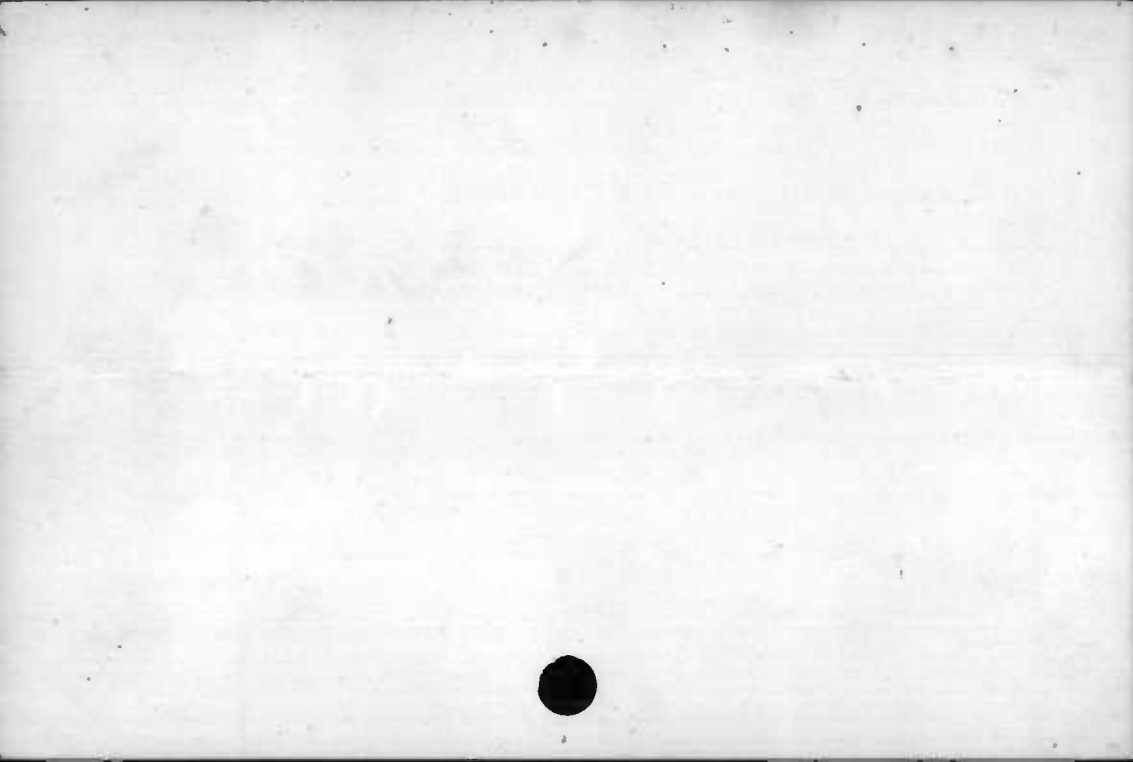
Died at <u>Hermansville</u> <small>Town</small>		<u>St. Marys</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>October</u> <small>Day</small> <u>5</u> <small>Years</small> <u>27</u>		Age <u>27</u>		<u>Months</u> <u>Days</u>	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Occupation <u>Farm laborer</u>		Where Residing if not at place of death <u>Pearson Maryland</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Clara Gordon</u>			
Father's Name <u>Charles J. Gordon</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Priscilla W. Worsey</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Joseph H. Wellington Priscilla</u>		How related to deceased <u>Not related</u>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <u>From cut received in abdomen</u>		How long <u>From time of</u>	
<u>cutting bone of the back to come out</u>		<u>injury to time of</u>	
Immediate		How long <u>death was about 28 hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. L. Hodgdon</u>	
		Address <u>Pearson Post Office</u>	
		<u>Maryland</u>	
Accident or Suicide? <u>Homicidal</u>			



Name
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Melvia Saunders

CERTIFICATE OF DEATH

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NEAREST FRIEND

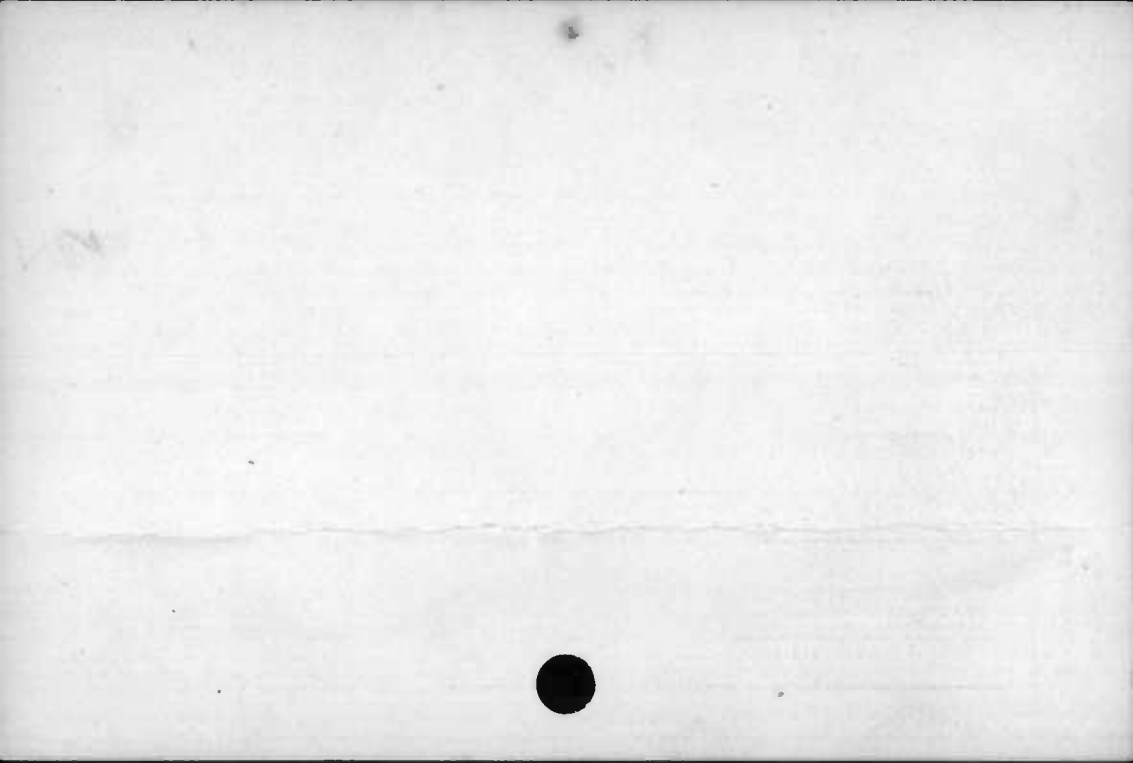
Died at <i>Great Mills</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct-</i>	Day <i>30</i>	Age <i>48</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>St. Mary's Co.,</i>				
Married, Single or Widowed	Name of Wife or Husband <i>James W. Saunders</i>				
Father's Name <i>Wm. Conkling</i>	Father's Birthplace <i>Balt.</i>				
Mother's Maiden Name <i>Mary Keller</i>	Mother's Birthplace <i>Balto.</i>				
Name of person giving information <i>Son</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Angioma of age</i>	How long <i>Twelve months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry Richardson M.D.</i>
	Address <i>Great Mills</i>
Accident or Suicide? <i>—</i>	<i>St. Mary's Co., Md.</i>



Name
in
Full

George W. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St. George's Island* *St. Mary's*

Town

County

MARYLAND

Date of death *1908* *Oct.* *4* *Age* *62*

Month

Day

Years

Months

Days

Sex *Male* Color or Race *White* Birth-place *St. Mary's County*Occupation *Boysenman* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Mary Poller*Father's Name *Richard Thomas*Father's Birthplace *Virginia*Mother's Maiden Name *Not known*Mother's Birthplace *Virginia*Name of person giving information *James E. Brown*How related to deceased *Not related*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONERPrimary *Paralysis* How long *3 years*Immediate *Cerebral Coma* How long *14 hrs*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*T. Harper Ingham, M.D.
Valley Lee, Ind.*Accident or Suicide? *r*

